PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/626,772			ing Date 25/2003	To be Mailed
	AF	AS FILE (Column 1	SMALL	ENTITY 🛛	OR		HER THAN					
FOR			NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), (	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), c	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p), (		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *					x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and desheets of paper, the applies \$250 (\$125 for small eadditional 50 sheets or fast U.S.C. 41(a)(1)(G) are			plication size fee due entity) for each fraction thereof. See			·			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	10/19/2006	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(I))	· 12	Minus	** 20		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))										·	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
m/a 1								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1	20107	(Column 1)		(Column	_	(Column 3)		_				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 12	Minus	" 20	)	· _		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	• )	Minus	··· 3	>	<u>.</u>		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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